

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 036 ****70.00

DOCUMENT # N03000007012

1. Entity Name
WOODACRE ESTATES OF NORTHDAL HOMEOWNER'S
ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

~~1650 0001 CT~~
00E33A, FL 33556

P.O. Box 342781
Tampa, FL 33694

~~1650 0001 CT~~
00E33A, FL 33556

P.O. Box 342781
Tampa, FL 33694



01052005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0189353

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SCHAEFER, TERESA A~~
~~1650 0001 CT~~
~~00E33A, FL 33556~~

Juan Vento
4104 Woodacre Ln.
Tampa, FL 33624

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

~~SCHAEFER, ARTHUR L~~
~~1650 0001 CT~~
~~00E33A, FL 33556~~

Juan Vento
4104 Woodacre Ln.
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

~~SCHAEFER, TERESA A~~
~~1650 0001 CT~~
~~00E33A, FL 33556~~

Liliana Muñoz
4121 Woodacre Ln
Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-05 813-949-6926

ATTACHMENT

20014515

N 030000 7012

JUAN VENTO
4104 WOODACRE LN
TAMPA, FL. 33624
(813) 833-1594

To Whom It May Concern:

Arthur Schaer has signed over the association to Juan Vento and
Liliana Munoz. Mr. Schaer has initialed the annual report in the areas where
change should be made. If there are any questions and/or concerns please
call the number above.